



Tuberculous optochiasmatic arachnoiditis & myeloradiculopathy

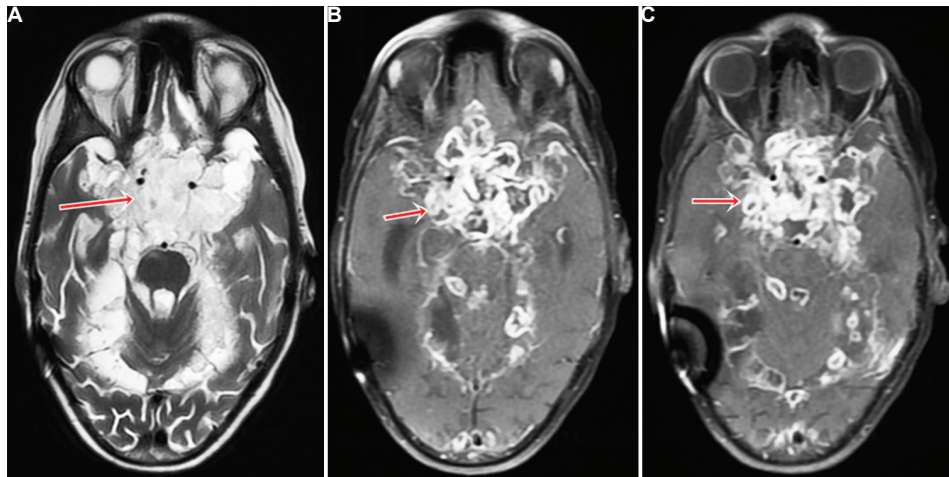


Fig 1. (A) T2-weighted magnetic resonance image of brain showing multiple lesions of varying intensity in the optochiasmatic region (red arrow). (B & C) Post-contrast T1 image showing multiple peripherally enhancing lesions in the optochiasmatic area (red arrow).

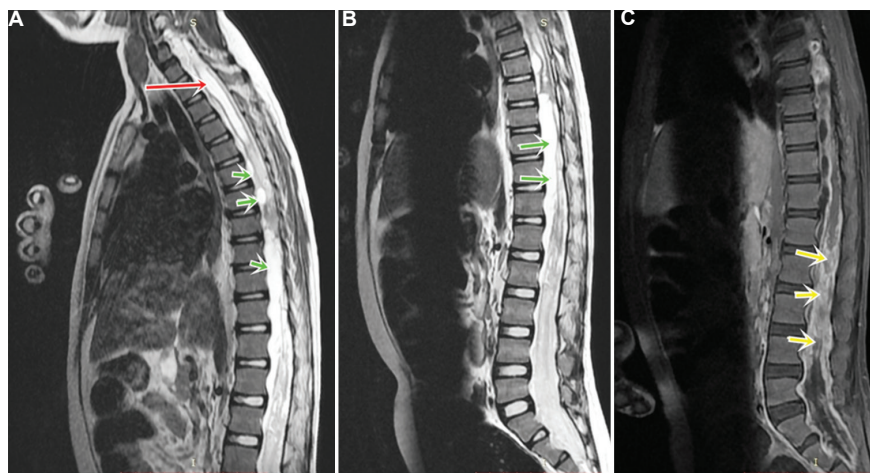


Fig. 2. (A) Magnetic resonance imaging (MRI) cervicodorsal spine showing syrinx involving the cervical spine (red arrow) and cerebral spinal fluid loculations along the dorsal spine (green arrows). (B) MRI lumbo-sacral spine T2-weighted image showing cerebral spinal fluid loculations around lumbar spine (green arrows). (C) Post-contrast image showing enhancement and clumping of roots (yellow arrows).

A 12 yr old boy[†] presented to the Neurology outpatient department, King George's Medical University, Lucknow, India, in August 2019, with

complaints of fever and headache, paraparesis and bilateral vision loss of 12 month duration. On examination, the patient was fully conscious, vision

[†]The child's assent and parent's consent obtained to publish clinical information and images

was 6/60 in both the eyes and optic atrophy was noted bilaterally. Motor examination revealed lower motor neuron paraparesis. Cerebrospinal fluid examination revealed lymphocytic pleocytosis, raised protein and low sugar. The Xpert *Mycobacterium tuberculosis*/rifampicin assay (Cepheid, USA) was positive. Magnetic resonance imaging (MRI) brain showed multiple tuberculomas in the optochiasmatic region (Fig. 1). MRI spine showed syrinx in the cervical spine, cerebral spinal fluid loculations around lumbar spine, clumping and enhancement of roots suggestive of arachnoiditis (Fig. 2). The patient was treated with anti-tuberculosis drugs along with corticosteroids; after one month of follow up, he showed improvement

in fever and headache although there was no improvement in his vision or lower limb strength. This case represents classical complications of tuberculous meningitis which can leave a patient chronically disabled.

Conflicts of Interest: None.

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